

MEDICAL MISSIONARY

Mrs. E. W.

SEPT.—OCTOBER 1953



The Medical Missionary

8400 Pine Road
PHILADELPHIA 11, PA.

Vol. XXVII

No. 5



THE MEDICAL MISSION SISTERS

The Medical Mission Sisters are a religious community devoted to the care of the sick in the missions.

Main Activities

Hospitals, dispensaries, home visiting, leprosaria, training, native nurses, training native compounders, maternity and child welfare clinics, establishing native Medical Mission Sisterhoods.

Missions

Africa, India, Indonesia, Pakistan, South America, Southern United States.

U. S. Houses of the Society

Motherhouse and Novitiate—8400 Pine Road, Fox Chase, Philadelphia 11, Pa.
House of Studies—6th and Buchanan Sts., N. E., Washington 17, D. C.
House of Postulate—4374 Grant Rd., Mountain View, Cal.
Catholic Colored Clinic — 348 Forrest Ave., N. E., Atlanta, Ga.
Catholic Maternity Institute—417 E. Palace Ave., Santa Fe, N. M.

In this issue

In Their Footsteps	81
Mother Anna Dengel, M. D.	
Patient By Day	83
Sr. M. Elise, M. D.	
Gold Mine In South Africa	86
Sr. M. Laetitia, R.N.	
Medical Mission World	88
Sr. M. Daniel, S. C. M. M.	
Departures - 1953	89
Sr. M. Gerard, S. C. M. M.	
For Medical Technicians Only	92
Sr. M. Evelyn, M. T.	
Medical Mission Chits	94
I Have Chosen You	97
Twi Talk	98
Sr. M. Raphael, B. S. Pharm.	
Book Review	100
Sr. M. Janet, S. C. M. M.	

YOUR WILL

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of \$..... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above form.

THE MEDICAL MISSIONARY is published with ecclesiastical approbation by the Society of Catholic Medical Missionaries, Inc. in the interest of Medical Missions. Until further notice it will be issued bi-monthly. Subscriptions \$1.50 per year; 3 years \$4.00; 5 years \$6.00; foreign \$1.75 per year; 4 years \$6.00. Entered as second class matter September 11, 1928 at the Post Office of Philadelphia, Pennsylvania under the act of March 3, 1879.

IN THEIR FOOT- STEPS

Mother Anna Dengel, M. D.



This year Mission Sunday coincides with the Feast of St. Luke. This great missionary is also the patron of the medical profession.

St. Luke possessed that useful and desirable attribute of a missionary—versatility. That he was a good and popular physician we know from the remark of St. Paul, who called him “our most dear physician”. He was the writer of the most human Gospel ever written and historian of the first era of the Church. According to tradition, he was an artist, as well as a man of letters; and with a soul alive to the most delicate inspirations, he consecrated his brush to the holiest use, and handed down to us a painting of the Mother of God. From the accounts of his journeys and sufferings one

cannot doubt that he had tremendous will power and bodily endurance.

His most important asset however, was that his heart and mind were so avid for truth and goodness that he was among the first of the Gentiles to embrace the new doctrine. It leavened his life thoroughly and possessed him even to the extent that all legitimate self-interests — his family, country, profession, financial security and comfort — were sacrificed that he might labor to bring this new leaven of Christ to others. Probably it was not without struggle or interior revolution that he took down his shingle (if doctors had shingles in those days) and set out without scrip or purse with St. Paul.

His motive and resolve must have been strong — for he persevered with the indefatigable and uncompromising apostle, reckless with him of hunger and prison — of shipwreck and abuse. Their labors, fastings and sufferings brought results. Generation after generation has been leavened by missionaries who have followed in their footsteps — until now one third of the human race has been to a greater or less degree penetrated with the life-giving Truth.

The other two-thirds are still dense and lifeless with apathy, superstition and ignorance. To ours and succeeding generations is left the privilege and the responsibility

to make this mass porous with charity and to raise it to its destiny — to know, love and serve the true God and be happy with Him for all eternity.

To achieve this more and more effectively, Mission Sunday has been instituted to make every man, woman and child participate in the spread of God's Kingdom.

While efforts and means of many kinds are needed, barring prayer none is comparable in necessity or urgency to a legion of missionaries — who, themselves leavened through and through with Christ, will count no cost that others too may rise to a new life in Him.

**MISSION
SUNDAY**



**OCTOBER
18, 1953**

The responsibility to extend the Mystical Body of Christ falls upon each of its members. Any member who refuses it is guilty of a breach of trust. The privilege of being a cell in the Mystical Body is the privilege of stewardship and service and propagation. Through loyalty to this missionary imperative, each member may pay the debt of thanks for the gift of Faith.

—Bishop Fulton Sheen

PATIENT BY DAY

Sr. M. Elise, M. D.

"Quick, the wheelchair!"

"Why, what's the trouble?"

"Just our stone-wallah, coming back for his daily dressing. They'll wreck that wheelchair, if I don't help them!"

Such a fuss every morn! Three strapping big Pathans invade the hospital lobby, grab the wheelchair out of the admission office, unless Sr. Christopher manages to get there first, and rush it out of the front door, down the steps to the waiting tonga. Then with great solicitude they help their old father from the tonga into a chair, and then chair and all up the steps, through the lobby, down the corridor and into the private room reserved for their patient. Meanwhile Mohamed Khan, starched white pagri waving over his head, big bearded face split from ear to ear by the happiest smile, greets the Sisters with folded hands: "Salaam aleikum, Sister-Ji!" You couldn't resist his infectious joy, even though the wheelchair looked more battered from day to day.



It's patients like Mohamed Kahn that make doctors and nurses feel good. He had been so close to the ragged edge that his recovery seemed nothing short of miraculous. For years he had suffered from kidney stones, one attack after another of the dreaded renal colic making his life miserable and full of anxiety. No doctor or hospital in the frontier, where he lived, could operate on him. Finally, when the stones had damaged his kidney beyond repair, his sons heard of Holy Family Hospital in Rawalpindi, and decided to bring their old father over a hundred miles to seek a complete cure.

It took plenty of courage to operate on him. Fortunately all the stones were on the left side, but the kidney was so infected and necrotic that it had to be removed in its entirety. Mohamed Khan, tough old Pathan that he was, lived through it, but he had a rough time afterwards. Convalescence and healing took so long that he insisted on going home

after a few weeks. "I'll come back for dressings every day," he pleaded. Hospital care was all well and good, but he had never been away from home before, and he much preferred the bosom of his family to the lonely hospital room. So he made the daily journey to the house in town which the family had taken for the duration, and everybody was satisfied. Even scientific care can usually adapt itself to the wishes of the patient . . .

Kidney stones are dangerous little things. No one knows exactly what causes them, though certain factors like poor diet and insufficient fluid intake certainly contribute to their formation. They are one of the oldest-known afflictions of mankind. Egyptian mummies have been found to harbour kidney stones. The operation for bladder stones was done successfully and described accurately many centuries ago. Geography also has shown many peculiarities in this ailment. Certain areas have always been notorious for their high incidence. Pakistan is one of them. The Sind Valley, a desert area, is known as the "Stone Belt" of the country. Egypt and other Middle Eastern lands are equally bad.

The best known factors leading to stone formation are insufficient fluid intake and inadequate diet. Lack of Vitamin A has been suspected for many years, and stone formation has been called an outright "deficiency disease". It has almost disappeared among the children of the Western countries, where the diet nowadays contains all the vitamins of the alphabet.

Kidney stone is still common among the youngsters of Pakistan. Even babies have been known to fall victims of this disease. Not many are as lucky as little Akbar,

who was brought to us last Christmas Eve, — a beautiful, big eight months-old baby, writhing and screaming with colicky pain.

While the operating room nurses scurried around, getting the theatre ready for operation, Akbar had to be held down tightly for he would have thrown himself off the table in the paroxysms of pain. He would relax occasionally, when the pain let up, lifting a tear-stained face to his audience, and then stiffen up again with a high pitched cry, as the spasms returned. A whiff of ether and a quick removal of the stone fixed him up in short order. Not all Pakistani children are so fortunate: many of them live in villages, far removed from hospitals, and their pitiful wails may well go on for days or weeks before something is done about it, the more because the child may not appear very ill between the attacks of colic. The expense and trouble of seeking medical care, far away from the village home, is often more than the family can bear.

Why can't something be done about preventing these stones? We know enough about them to give some valuable hints at least. Several studies have been made in the U.S.A. on kidney stone formation among veterans, particularly those who are paralyzed or who must stay in bed for many months at a time. Stone formation in those who cannot move around, has always been a problem. After many elaborate and detailed studies, the best answer to stone prevention proved to be large fluid intake." This will not allow stones to form, and will carry off any gravel and tiny foreign bodies that might happen to form in the kidneys. "Force fluids" is apparently the chief answer. Tea, fruit, juices, barley

water, sugar cane juice, sherbet, and the well known "lassi" or buttermilk, are available everywhere, even in the villages. Only one other item is needed, and that is perseverance. Too often Pakistani patients like quick remedies! So until they learn to drink enough, they will probably continue to come to Holy Family Hospital for operations.

Sr. M. Elise, M. D., present Chief of the Medical Staff at new Holy Family Hospital (300-bed) in Rawalpindi, Pakistan. A veteran missionary of wide experience, she was for ten years on the staff of Holy Family Hospital, Patna, India. ➤



VOCATIONS IN THE NEWS

Archbishop John F. O'Hara of Philadelphia at the Institute of Spirituality, University of Notre Dame, addressing more than 900 religious superiors and novice mistresses, said that "religious life is a work of Faith; only Faith can give rise to it; only Faith can sustain it; only Faith can carry it through to final perseverance." The oh-so-very-young leaving for novitiates and seminaries, the formed religious taking ship for various mission fields during these summer months, substantiate his estimate that "young people are capable of heroic sacrifice, once they have a proper motive."

America, Aug. 15, 1953.

THE MEDICAL MISSIONARY

8400 PINE ROAD, FOX CHASE
Philadelphia 11, Pa.

Please enter my subscription for _____ year(s)

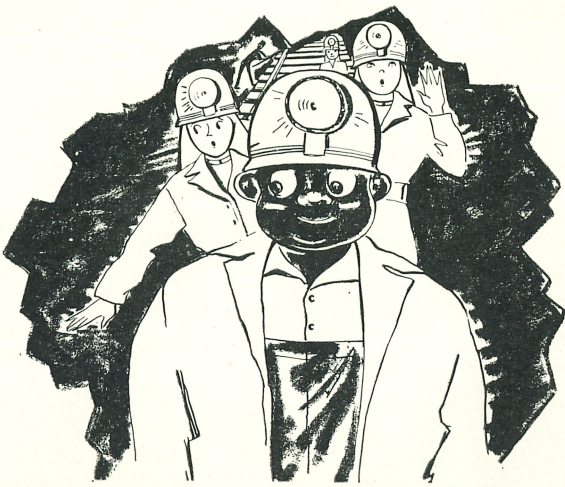
Enclosed is \$ _____ Bill me _____

Name _____

Street _____

City _____ Zone _____ State _____

U. S.	
\$1.50	1 yr.
4.00	3 yrs.
6.00	5 yrs.
Foreign	
1.75	1 yr.
6.00	4 yrs.



GOLD MINE IN SOUTH AFRICA

They were hard to recognize as ladies, much less as Sisters. Each one wore a pair of blue jeans, about four or five sizes too large for her, and almost all of them absent-mindedly held on to a trouser leg as though she were holding a long skirt out of the mud.

A wide leather band was strapped about the waistline to support a heavy battery on the back. To the front of the metal helmet was attached a powerful light, fed from the back battery. About the only indication of the feminine character of the party were the spotless white nurses' shoes.

"Okay ladies! Now we start." cheerfully announced the fat little guide, waving a scarred thumb heavenwards.

"Here's the lift (elevator); step right in! Wait, wait!" exclaimed the thumb-waver, catching sight of the clean shoes peeping out from beneath the long jeans.

"Boy!"

A small army of large six-foot boys came at a gallop in response to the stentorian command. A quick order was given and, like a rabbit out of a hat, a hose appeared and mud and gravel went swishing out of the elevator, prob-

ably onto the heads of those working below!

"Okay ladies," up went the thumb and in went the Sisters!

Rattle, rattle; jerk, jerk, went the elevator as it speeded down into the depths of the earth.

A bit green from the shaky ride, the "ladies" stumbled out into a wide cave, well illuminated by electricity. The bright lights did not last long and they soon found themselves in a black tunnel, as hot and humid as a Bengal jungle.

Most of the space was taken up by a small railway track with a shallow drain running along the side of it. In the beams from the headlights the rocky walls of the tunnel showed up jagged, and sharp enough to cut off a finger, or to rip open a hand thrust out in an effort to save oneself from a sudden fall.

There were two alternatives in the mile long walk: either to jump from sleeper to sleeper or to wade through the opaque water in the drain. At first, in the interests of white shoes, the Sisters chose the sleeper route, but after a while this lively mode of progress palled and soon ten pairs of erstwhile white shoes were wearily plodding through the muddy water.

It was a long hot unpleasant walk, even though air from above was constantly being pumped through great shafts into the tunnels. The walls streamed water, the jeans were uncomfortable, the tin helmets were heavy and heads began to ache. Water seemed to be everywhere though it was very little in comparison to the amount found in some of the mines. In some of them it gushes through the rock, tons at a time. In an effort to hold back these miniature Niagara Falls thousands of bags of cement are pumped into the rocky fissures, costing the mines many thousands of dollars every year. Every few minutes a loco would sound its warning and come pounding along the narrow way. These locos are engines that pull tiny freight trains and they account for a number of the accident cases that are brought into the hospital. Very careful were the Sisters to press against the wall every time that a shrill whistle and much waving of hands announced the coming of a loco. No one wanted to find herself admitted to hospital with the diagnosis: "hit by a loco."

The locos pull the cocos, which are large pans full of rock and debris which the small freight cars carry away from the site of the excavations. Just as many of the boys seem to be hit by cocos as by locos; they are probably careless and leave bits of anatomy sticking out instead of clinging closely to the wall.

The guide shepherded us down a cul-de-sac where the tunnel was literally being dug out of the bowels of the earth. A white African (known here as a European), was measuring and marking spots where the natives had to drill small holes for dynamite. The rock was terrifically hard and the

men (or boys as they are called,) held the drill in their bare hands, in spite of its furious vibrations. It was a feat of strength and endurance to hold on to it, even with knees and body braced against the rock. When a sufficient number of holes had been drilled they were filled with dynamite and all backed out while the end of the passage blew up.

Further on the Sisters climbed up a "stope" on hands and knees and lay flat on their stomachs on the sharp stones to watch the men working on the "reef" as the golden blanket is called.

But what a disappointment! Instead of a gleaming mass of gold, the great blanket that spreads itself miles and miles throughout the Orange Free State looks like very ordinary dingy rock. True the rock holds the gold, but in most minute quantities; roughly one-third of an ounce to the ton.

Sometimes the reef may be only four inches in depth but the men are forced to drill chunks to the depth of two feet, for no one could creep into a cave four inches high, no matter how extensive it might be. Even to drill pieces out of the rocky ceiling of an area not more than two feet high, while lying on one's back would not be a job for a sufferer from claustrophobia, nor for a fat man.

As the "ladies" looked down the stope they realized why every once in a while a mutilated body would be brought to the hospital. Occasionally a man will slip on a stope and, as he falls, half the rock will tumble down upon him.

At times one wonders if it is worthwhile, and yet in today's system of economy, not even missions can get along without at least a sprinkling of dust from the golden blanket.

Sr. M. Laetitia, R.N.

THE MEDICAL MISSION WORLD

Sr. M. Daniel, S.C.M.M.

YELLOW FEVER AND THE ROSARY

The epochal idea that mosquitoes are the carriers of yellow fever came to Dr. C. J. Finlay, Cuban scientist, as a distraction while praying the Rosary.

This assertion is made in an article which appeared in *Information*, a Havana daily, commemorating the 37th anniversary of the death of the scientist. Dr. Finlay lived from 1833 to 1915. He is credited with discovery of the idea that a germ of yellow fever is carried by mosquitoes.

The *Information* writer relates the incident as follows:

"Dr. Finlay arrived home late at night. Extremely tired, he was about to go to sleep when he remembered that he had not yet recited the Rosary that day, which he never omitted regardless of what happened . . . Thus he began to pray devoutly each bead, while from time to time the buzzing of a mosquito around him distracted him from his devotion. "Suddenly as though enlightened by the Most Holy Mother, whom he was invoking at that moment, he conceived the theory that shortly thereafter was to immortalize his name: the mosquito as the carrying agent of yellow fever!"

National Catholic Women's Bulletin, Dec. 1952.

MALARIA CONTROL IN BURMA

The malaria control project undertaken in 1951 by Burmese and

WHO specialists using U.S.A. supplies and equipment has met with considerable success. DDT spraying has resulted in the virtual disappearance of malaria from villages where formerly one-third of the babies became infected with the disease during their first year of life. Blood smears from older people have revealed a general reduction of 80% in the incidence of malaria.

This project is part of a five-year Government plan to give anti-malaria protection to a total population of 7 million persons by 1957.

(Chronicle WHO, Jan. 1953)

MALNUTRITION THE KILLER

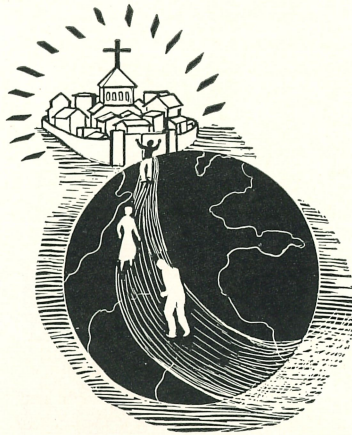
In India, the doctor frequently meets families in which five, ten or more children have died successively.

One of the reasons for this high infant mortality rate is malnutrition. Rice, the staple food in most parts of the country, has almost no iron and calcium. Polished rice lacks vitamins as well. The lack of vitamin B1 results in beri-beri among mothers and breast-fed infants. Death by acute heart failure can be the result for both mother and baby.

(From "Child Care in India," by Sr. Mary of the Sacred Heart, J.M.J., M.D., Medish, Missie Maanblad, V. 19, No. 8)

DEPARTURES

1953



IN JOURNEYS OFTEN

Sr. M. Gerard, S. C. M. M.

IT WOULD be ideal if every Catholic, at least once in his life, could witness a Departure Ceremony. He would find it an unforgettable experience. The singing, the missionary's renewal of religious vows, the exhortations of the visiting priest . . . all this would not fail to touch him deeply. Everyone present is caught in an atmosphere of what might be called "solemn joy".

Something comparable to this must have been the mood of the first Departure Ceremony when Our Lord sent the disciples out, two by two, into all the cities of Judea, to heal the sick people they would find there, and then to tell them that the Kingdom of God had come. (Luke 10:1-9)

This scene is repeated over and over again at every Mission Departure Ceremony. Once again Christ gathers His chosen ones about Him for a solemn farewell. He sends them out on the same errand, with the same message, with the same work of healing to be done. And he expects the same confidence and absolute trust in Him as He did of His disciples so many centuries ago. Of course the modern missionary must have his luggage — often as not filled with good things which he hopes to share with his less fortunate

brothers in mission lands. But the disposition of his heart is still that of "neither purse, nor scrip, nor shoes". Indeed his heart is so light, that as one missionary Bishop described it, he literally "bounces with joy."

And what of those who witness his farewells, who may eventually stand, waving goodbye as a train or boat or plane disappears into the horizon? Are they merely on-lookers? This would be to miss the whole point. It would be to forget that so closely knit are the members of the Church that each shares in the work of all, each needs the help of all.

All Christians must have a missionary heart — never content to be a stay-at-home, ever desiring to go abroad, to be "in journeys often" for the sake of Christ.

All this is one way of saying that all Christians are essentially *pilgrims*—men "going on a journey", back to our Father's house.

The poet Claudel called it "*la marche universelle*" of all the children of God. This is the great march of the Church, and we must ardently desire that all men join in it. It is in fact the continuation of the *Exodus* of the people of God, out of a land of bondage into the land of promise where Christ waits to receive us.



Sr. M. Ramona Tener,
R.N., B.S.N.E., Okla-
homa City, Okla., to
Georgia.



Sr. Marianne Cauzillo,
R.N., Detroit Michi-
gan, to Gold Coast,
W. Africa.



Sr. M. Jonathon Perry,
B.S., P.H.N., Van-
couver, B.C., Canada,
to Santa Fe, N. M.



Sr. M. Aquinas Hamil-
ton, R.N., Bronx, N.
Y., to India.



Sr. M. Perpetua de Guz-
man, M.D., Pangasi-
nan, P.I., to West
Pakistan.



Sr. M. Bertrand Wing,
R.N., B.S.N.E., Syra-
cuse, N.Y., to India.



Sr. M. Madeleine Fran-
kovsky, R.N., New-
ark, N. J. to South
America.



Sr. M. Clare Carroll,
R.N., B.S.N.E., Balti-
more, Md., to India.



Sr. M. Patricia Patton,
R.N., Tarrytown, N.
Y., to South America.

Sr. M. Pius McDermott,
R.N., Farley, Iowa,
to Santa Fe, N. M.



Sr. M. Juanita Ortega,
Santa Fe, New Mexi-
co, to South America.



Sr. M. Nicola Franssens,
Sappermeer, Holland,
to Pakistan.



30 TO THE MISSIONS IN 1953

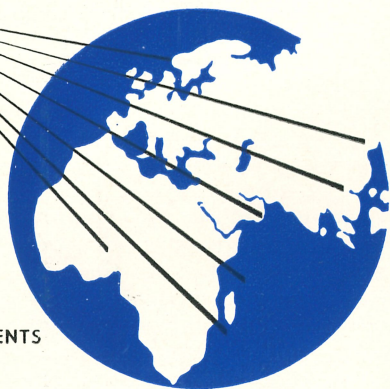
2 DOCTORS - 21 NURSES - 3 PHARMACISTS
1 RECORD LIBRARIAN - 2 X-RAY TECHNICIANS
5 TO ADMINISTRATIVE DEPARTMENTS

PRAYER

*Along ways of peace and prayer
Lord lead them, and may the
journey. So may they in peace
O God, who didst lead the se-
path and didst reveal the way
star; vouchsafe to grant them
that accompanied by the An-
destination and come finally to*

TO SOUTH AFRICA: Sr.
Sr. M. Gerarda R.N.,
Sr. M. Lucas, R.N.
TO GOLD COAST, B. W.

TS
CIANS
PARTMENTS



FOR TRAVELERS

*Prosperity may the Almighty and merciful
Angel Raphael accompany them on the
health and joy return unto our own.
ons of Israel through the sea over a dry
to the three Magi by the guidance of a
a happy journey and a peaceful time,
gel they may safely reach their present
the haven of eternal security.*

Roman Ritual - Vol. III

FROM OUR DUTCH PROVINCE

M. Lucia R.N., Sr. M. Felix R.N., Sr. M. Geertruid R.N.,
TO INDONESIA: Sr. M. Baptista, Sr. M. Catharine,
SOUTH AMERICA: Sr. M. Agnes, B.S. Pharm.
AFRICA: Sr. M. Vincent, R.N.

Sr. M. Cosmas Pallitto,
R. N., Atlantic City,
N. J. to S. America.

Sr. M. Dorothy Canary,
R.T., Roanoke, Va. to
Pakistan.

Sr. M. Maureen Coyle,
Atlantic City, N.J., to
S. Shields, England.

Sr. M. Charles Salz,
R.N., B.S.N., Dubuque,
Iowa, to India.



Sr. M. Ann Harley, B.S.,
Pharm., Cork Ireland,
to South Shields,
England.



Sr. M. Kateri Murphy,
R.N., B.S.N., Watson-
ville, Cal., to W.
Pakistan.



Sr. M. Pierre Blewett,
R.R.L., Fond-du-Lac,
Wis., to Pakistan.



Sr. M. Josepha Shimek,
R.N., R.T., New Bri-
tain, Conn., to Pak-
istan.



Sr. M. Scholastica Los
Banos, M.D., Legaspi
City, P.I., to India.



Sr. M. Jutta Hadamek,
R. N., Landau-Pfalz,
Germany to India.



Sr. M. Carmel Petonyak,
R.N., B.S.N., West-
port, Pa., to India.



FOR MEDICAL TECHNICIANS ONLY



Sr. M. Evelyn, M. T.

The hospital lab? Right this way. Walk through the hospital compound past the new nurses' home, the tool sheds and the garages for the work trucks, the kitchen, the women's ward which is a separate building. Adjacent to that is what is called the new building (very lovely). Now turn to your left, walk up four steps, make a right turn and there you are at the lab.

You'll know it—the doors are glass-paned three quarters of the way while the lower quarter is wood complete with a large bolt-type lock to which is attached a padlock.

Yes, there I was! I opened the door and as I did a gust of wind followed me and requisitions and bits of scrap paper began to blow. Sr. M. John who was sitting at the microscope made a scurry to anchor everything with weights. Sister explained that if the window is open the door must be shut and incidentally the only way the door will stay shut is to slip the bolt on the inside.

When one of the nurses wants to bring a specimen or a requisition, she is locked out and must knock on the door to be let in. Not as bad as it sounds — for when one is sitting at the micro-

scope one can close the window with one hand, lean backwards and unlock the door with the other. That gives you an idea of how cozy our tiny lab is. Even though it is very small — telephone-booth size—think of all the steps one saves!

Sr. John asked me if I would like to do a count. I said yes, sat down at the 'scope and began to shake — no electric shakers like we are accustomed to at home. I put the count on a hemocytometer (blood counting chamber) and then I had my first experience of using daylight for my source of light. It wasn't much different than artificial light and it took only a count or two to get used to it. Next I reached for the blood cell counter or tally. There was none. "You mean you count in your head?" I asked Sr. John dismally. "Oh, yes, you'll get used to it," was her cheerful reply. In the U.S., technicians always use a tally. It is quicker.

Here was a chance to practice my Hindi and I began to count Ek, do, tin . . . 1, 2, 3 . . . I finished the red blood cell count and began to focus to the white blood cell side of the hemocytometer just as a group of people, men, women and children passed by

the window, chattering loudly. For once I was glad I didn't understand the language. If I could, I know my woman's curiosity would have wanted to know what the tamasha (excitement) was and Sr. John and I are busy enough without these distractions.

For each patient we do a urinalysis, complete blood count, and stool examination for parasites. Here a new field, parasitology — is opened to me. Although it has always been a department of the laboratory, seldom does a technician in the States use it.

In India I have seen more pathology in one week than I would have in several years in America. The most common parasites in this part of India are malaria, *Endameba histolytica*, *Endameba coli*, *Endolimax nana*, *Giardia lamblia*, *Trichomas hominis*, *Ascaris lumbricoides* (roundworm), *Ancylostoma duodenale* (hookworm) and occasionally *Hymenolepis nana* (dwarf tapeworm), *Taenia* (tapeworm) and finally *Fasciolopsis buski*, a fluke residing in the duodenum of man. I have seen every-one of the above in the month that I have been here! The presence of these worms often gives rise to astonishing microcytic anemias, accompanied with very high eosinophilic counts — forty to sixty per cent per one hundred blood cells. While I am in the field of hematology I have been amazed more than once to see a person walking around with a 2070, 247, or 35% hemaglobin, and believe me, blood transfusions are the exception not the rule in India.

We do sputums, agglutination tests for typhoid and for the members of that family, Blood Kahns, and a test for Kala-Azar. That is a good beginning for a small laboratory and it keeps me out of mischief all day long. Since



Sr. M. Evelyn, M. T., using a beam balance.

screens are not in vogue in India we are forever waging war against flies. Not so much because of their number but simply because they don't wipe their feet off before entering or leaving. We are so close to the dispensary that we don't want these little creatures to spread disease.

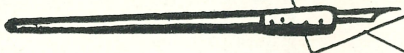
It is getting late and I better tidy up and clean my pipettes. There is no running water, hence no suction pump, so I must blow out the residue in each, suck in clean water and blow it out until I have rinsed each well, then put them in a round tin, padded with some old cloth, and they are ready to be put into our kitchen oven to be dried. Just as I finished, Sr. John came back in with a stat (emergency count). It is dusk, the electricity isn't on yet, and as I sit down to count, the hymn at Compline comes to my mind with a new twist:

Now with the fast departing
light,

Maker of all, I ask of Thee,
Just a few more rays before the
night,

To do this count for Thee . . .

medical mission Chits



From

PATNA

POONA

RAWALPINDI

BOMBAY

AFRICA

PATNA

One morning two weeks ago the little girl who was putting the vestments away in the chapel came to say there was a snake there. I went in and there was a krait with its head in the window, between the window and the frame, and the rest of him draped outside. The whole kitchen force came and approached from outside the window to kill him with an iron bar. Soon they turned around disappointed saying that he was already dead. I had killed him when I closed the window the night before. Luckily that particular evening I had closed the window because of rain.

Sr. M. Adelaide

RAWALPINDI

A few weeks ago we admitted a small boy for an ear operation. His mother died of T.B. and his father, very fond of him has been trying to be both mother and father to the child. He looks just like the father — short and stocky, but very alert. Like most of the small children, he has all his hair shaved off. In spite of this, he carried a bright red comb in his pocket. While standing at the desk waiting for admission I watched him out of the corner of my eye. At least three times he took out his comb and most energetically combed the hair that was not there! I had to laugh as it was

so typical of a child — they are really the same the world over, regardless of class, color or creed.

One of our maternity patients recently admitted, was the mother of four children — all boys, living and well. The fifth was a girl and the mother seemed happy that she had a girl now. That evening her husband came upstairs and Sister George met him coming down the hall. She greeted him with "Congratulations! You have a daughter. Would you like to see her before going down to your wife's room?" His response was simply a washed-out "Oh!" Said Sister, "But you already have four boys, did you not want a little girl?" With that he responded, "Oh yes, Sister, I am very happy that it is a girl. It is just that I lost a bet." —Sr. M. Christopher

Sr. M. Perpetua, M.D. recently arrived from the U.S. was called from her room one night to attend a patient. When she returned she was stung on the big toe by a scorpion. Where were her shoes? In her hand. She had taken them off and was going noiselessly to her bed in the dark, shoes in hand, so as not to awaken the other Sisters in the room, when she stepped on a scorpion. She did not get much sleep for the remainder of the night and had a very angry swollen digit for a few days. I think everyone will keep on shoes hereafter! —Sr. M. Dolores, R.N.

BOMBAY

Every day we're experiencing varied reactions to a Catholic hospital — amusing as well as varied. Like the man who came for an operation (thinking it was still under the former management). He discovered his error too late, as he found himself on the way to the O.R. "You mean a Sister does the operation here, too?!!" After it was all over he couldn't sing her praises enough.

Then there is the precious advantage of helping the dying. Our first week here we sent old Mrs. K. off to heaven — and a happier death you couldn't have asked for. She had waited seven months for our arrival and was so happy to come to us. Father said we must pray for a miracle as a death would be bad publicity, but God willed otherwise and we need helpers above, too!

Bandra is quite a Catholic settlement, so we have many Catholic patients. They never fail to express their joy at the privilege of receiving Our Lord each morning. A Catholic hospital is still somewhat of a novelty. People are always exclaiming, "You mean you have Mass here every morning? — and the Blessed Sacrament is here all day?!"

When we came, the only visible sign of Catholicity was a picture of Our Lady of Perpetual Help. Even Hindus and Mohammedans could be seen praying and lighting candles to her. She certainly

is watching over us. Last week they brought in a very sick baby. We didn't think she'd live until morning. She was a month old and they still hadn't had her baptized. I told the mother to light candles in front of Our Lady and promise if she cured her to name the baby Mary. They prayed the rosary as we worked over the baby and by morning she was a little better — and received her new name officially. After four days they took her home — cured!

I visited the fish market last week and now I know why they say — don't yell like a fish wife!

The women sit crosslegged on the counter with their fish, knives, and weights — and yell at the top of their lungs!

People are always trying to help us — but sometimes I wonder— Last week, a gentleman delivered six mounds of onions (480 lbs.) and left them in our parlor. It took a whole day to string them up in the go-down. I always did like onions for breakfast, dinner and supper!

Our parlor is furnished with a picture of the Sacred Heart, the Pope and the Cardinal — Amen! As I say — if you bring the furniture, we'll provide the atmosphere.

The Cardinal came to visit us — also the Bishop of Nagpur. His Grace said to have open house and when people see we have no furniture they'll bring it!

—Sr. M. Carol, R.N.



PIOUS THIEF IN POONA

A thief broke into our house—one with pious inclinations and feet of nine inches!

This is how it happened. We have a window in the downstairs bathroom which consists of 12 small panes. The middle pane of the top was broken and the thief must have put his hand through the hole, pulled the bolt on one side, and the pin on the other side, and come in through the opened window. He left through the same window even taking the trouble to bolt it again. Ordinarily the door which leads from the bathroom into the study would have been bolted, but we had just finished painting the new partitions . . . therefore had left the door open.

The thief stole grey postulants' dress material which will make nice pants! And also some checked apron material which is excellent for a shirt. He stole three fountain pens, one being a good one, and went through the sewing boxes taking some safety pins and a package of holy cards. He also stole my big rosary. In the garden he left one footprint in the soft earth of a flowerbed. You understand now how we came to the above description of the thief.

None of us had heard the least noise, a thing the police inspector could not understand. He also thought it very dumb to always go to bed at the same time "Don't you ever come home late? Don't you ever go out? Don't you ever go to the movies?" the poor man was just dumbfounded, though he was "very well acquainted with Christianity!"

Anyway, now we have "police protection" at night, which means probably that one of the police-

men comes to our neighborhood at more or less regular intervals.

—Sr. M. Henrietta

AFRICA

I arrived at Takoradi on June 29th, Feast of Sts. Peter and Paul, after twenty-five delightful days at sea. We docked at 8 a.m. and I looked in vain for a Medical Mission Sister. Mr. Duffy from Farrell Lines rescued me and I went through customs. He then phoned the Sisters of Our Lady of the Apostles (from Ireland) and our Sister M. Columba (God bless her) rushed down to greet me. She had been waiting four days. After much palaver we got the 114 crates loaded on our chartered lorry and returned to the convent for the night.

Next morning we set out in our lorry with the driver, his wife and two assistants plus at least three or four passengers. It was the most fascinating experience, bouncing along in the front seat!

Village after village went by, passengers got on and off. We stopped at a convent in Elmina for tea at 10 a.m. — then at 3 p.m. at another convent.

It got dark very fast. All the people waved and waved at the two Sisters perched high in their "bus." By 9 p.m. we were utterly . . . and still 101 miles to go. Onward—rosary, then silence as the African bush embraced us. Where, Oh where is Bereketum?

Yes, at 2:40 a.m. we arrived — 17 hours, 251 miles — slow! What can you expect at 30 or 40 miles an hour. The name of the lorry was "Art Thou Weary". On the back was written "Act Wisely!"

So I arrived on the Feast of the Precious Blood and was given a royal Medical Mission welcome!

—Sr. Marianne, R.N.



On August 15th, Feast of Our Lady's Assumption and a day of rejoicing, the ceremonies of investiture and profession were held at the Motherhouse. Rev. Anthony J. Flynn, Ph.D., of Jenkintown, Pa. presided and the Rev. Bernard McCaffrey, C.S.C., Chaplain, was Master of Ceremonies. Eleven postulants received the grey habit of the Society, the white veil of a novice, and their new name in religion. Just before receiving Holy Communion, sixteen novices pronounced their First Vows and after Mass went back to the altar to receive a silver crucifix and a blue veil, symbols of their dedication to Christ and to Our Lady, Cause of Our Joy. Rev. Philip Kelly, C.S.C. gave the sermon, pointing out that religious must strive to make Christ known and loved.

FINAL VOWS

Sr. M. Christine Jobson, M.D., Louisville, Ky.
 Sr. M. Raymond Baker, Brooklyn, N. Y.
 Sr. M. Samuel Freeman, M.T.,
 Red Bluff, Calif. (in South America)

Sr. M. Dorothy Canary, X-Ray Tech.,
 Roanoke, Va.
 Sr. M. Roberta Euper, R.N., B.S.,
 Fort Smith, Arkansas (in Pakistan)

FIRST VOWS

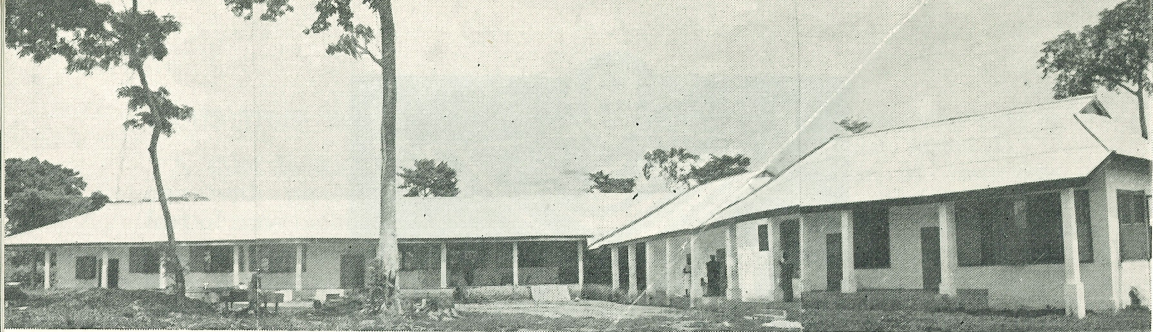
Sr. M. Fidelis Condon, Des Moines, Iowa
 Sr. M. Edith Weisse, Berlin, Germany
 Sr. M. Jutta Hadamek, R.N.,
 Landau-Pfalz, Germany
 Sr. M. Ladislaus Schreiner, Cleveland, Ohio
 Sr. M. Rupert Amon, M.D.,
 Ingolstadt, Germany
 Sr. M. Patricia Patton, R.N., Tarrytown, N. Y.
 Sr. M. Norine Smith, McSherrystown, Pa.
 Sr. M. Paulette Elking, Dayton, Ohio
 Sr. M. Gerald Clarkson, Toronto, Ont.

Sr. M. Nathaniel Reilly, A.B., M.Ed.,
 Augusta, Me.
 Sr. M. Jonathon Perry, B.Sc., P.H.N.,
 Vancouver, B.C.
 Sr. M. Maurice Pomes, New Orleans, La.
 Sr. M. Kateri Murphy, R.N., B.N.,
 Watsonville, Calif.
 Sr. M. Pius McDermott, R.N., Farley, Iowa
 Sr. M. Cabrini Pascullis, Watervliet, N. Y.
 Sr. M. Charlotte Gusmano, B.S.,
 Scarsdale, N. Y.

RECEIVED THE HABIT

Sr. M. Justin Falkoski, R.N.,
 Fairy Glen, Sask., Canada
 Sr. M. Lisetta D'Antonio,
 Richmond Hill, N. Y.
 Sr. M. Mildred Hegge, R.N., Cincinnati, Ohio
 Sr. M. Harriet Barcus, R.N., Omaha, Nebr.
 Sr. M. Estelle Brown, Cardiff, So. Wales,
 Received in England.

Sr. M. Marina Grace, R.N., Chester, Pa.
 Sr. M. Baptista Castro, R.N., Iloilo City, P. I.
 Sr. M. Mercedes Horcher, B.S., Phila., Pa.
 Sr. M. Giles Albus, M.T., Sudan, Tex.
 Sr. M. Janice Shea, Waterbury, Conn.
 Sr. M. Isidore Bollich, B.A., Eunice, La.
 Sr. M. Philip Foxhoven, Earling, Iowa



New Wards, Holy Family Hospital, Berekum, Gold Coast, British West Africa.

TWI TALK

NEWS FROM BEREKUM

This is our rainy season when the big cotton trees seem to have a preference for falling and blocking the roads. A few weeks ago (just before Sister Marianne arrived) the Kumasi road (our only one) was blocked for over a week by more than a dozen fallen trees. These big grey trees are so very thick at the base, it takes a long time for the road workers to hand-saw them in two, and roll them aside. What they usually do is cut out a piece as wide as the road, and roll it aside. On one road, there were 17 trees blocking the road within 27 miles. And no such motto as "the mails must go through."

Our patients from that district managed better than the mail. They would take one lorry as far as a fallen tree, then transfer to another waiting on the other side, on to the next blockade, repeat the performance and so on until they reached us. One sad incident occurred that week. A young man was brought in from the Mim district, which is about 80 miles by the lorry road. He died shortly after admission; a simple abdominal operation would have saved him, had they come in five days earlier. We asked the family why

they had waited so long. They explained how the road was blocked. The lorries are privately operated. It took several days for them to work out the system of ferrying the passengers across the trees. But by that time it was too late to save the patient.

For the week of the Coronation celebration, a special committee in Berekum planned events for every day of the week: sport matches, native dancing, a baby show at Holy Family Dispensary, and a competition of decorated lorries.

The nurses (and Sisters) decorated our little sand truck as a hospital float. . . . Holy Family Hospital, School of Nursing. Promptly at 2 p.m. Sister Camillus drove off to the competition. As she drove through the town, the police held up all traffic, and people cheered. More cheers when they arrived at the parade grounds, the Catholic School football field). Atop the float the nurses were all solicitude for young Elizabeth Yaa, in the bed. Yaa was getting an "intravenous" of pink colored saline. Sister had given them a cracked bottle, because those Abbott bottles are too precious to risk breakage. The committee of judges asked Sister

to drive around the field twice. The people loved it, especially when the bottle broke, and showered the patient. They took it as the sign the patient had died, and cheered wildly when she arose later to go with the nurses to get first prize.

Yes, we were awarded first prize, two guineas (\$5.60)! Incidentally, we were the sole entrants in the competition! The float was beautiful in white drapings, colored paper etc.

The whole week had been elaborately planned but poorly organized. Example of that was the Baby Show scheduled for H.F.D. The Chief asked us if they might have the show here; we understood they would make all the arrangements. Came time for the show, and only three babies came to be entered. The loveliest was a six-months-old baby boy, delivered at H. F. H. by caesarian section, and child of one of the judges. The other two were not much to look at . . . one had whooping cough, the other was much too fat to be pretty.

We got out the baby scales that being the thing to do in baby shows, and weighed the three babies. Meanwhile Sister Camillus had rounded up some more entries from among the patients. It was the saddest looking bunch of "well babies" I have ever seen.

There was no question about our caesarian baby getting first prize, but we had to give 2nd and 3rd prizes also. I remarked to Dr. Leon, as I weighed the little fatty: "Look, Doctor, only three months old and it weighs fifteen pounds." And he said, "Yes, Sister, but you don't judge babies like pigs, by weight."

We hurried up with the judging, and hustled off the winners to

home, urging the mothers to give them their medicine, and get them to bed (which is usually on Mammy's back). We said some day we will have a real baby show. For certainly there are none lovelier than our little African babies when they are well.

Sr. M. Raphael, B.S. Pharm.



The Missionary Research Library reports that nearly half of the 18,000 Protestant missionaries serving overseas in 1952 were stationed in Africa, Latin America and the West Indies. They include 429 physicians and dentists, 1,028 nurses, 64 medical technicians and 140 social workers.

(Taken from: "The Tablet," Aug. 8, 1953)

+ + + + +

R. I. P.

Archbishop Mar Ivanios, Trivandrum, India
 Rt. Rev. Msgr. Thomas J. Bobal, Chicago, Ill.
 Rt. Rev. Msgr. Henry E. Koenes, Phila, Pa.
 Rev. Leonard Buys, C.S.S.R., Rome
 Rev. Joseph Chauvin, C.S.C., Montreal, Canada
 Rev. Joseph A. Dunney, Albany, New York
 Rev. Patrick F. Durcan, C.S.C., Notre Dame, Ind.
 Rev. P. J. Ritchie, Baltimore, Md.
 Rev. E. J. Travers, Glen Riddle, Pa.
 Bro. Martin Fillion, C.S.C., Montreal, Canada
 Mr. Dominic Boyle, So. Ozone, N. Y.
 Miss Elizabeth Breen, Phila., Pa.
 Mr. F. A. Brenner, South Bend, Ind.
 Miss Etta M. Burke, Atlantic City, N. J.
 Mr. Henry M. Burns, Rutherford, N. J.
 Father of Sr. M. Gerard, S.C.M.M.)
 Miss Nellie Champlin, Hamilton, Ohio
 Miss Agnes Corrigan, Kansas City, Mo.
 Mrs. Amalie Dengel, Hall, Tyrol
 Mr. Joseph Downing, Conn.
 (Brother of Sr. M. Pauline, S.C.M.M.)
 Mr. James Durr, Minnesota
 Mr. P. C. Kelly, Indianapolis, Indiana
 Mr. J. P. MacSweeney, Rochester, N. Y.
 Mr. A. Russo, So. Ozone, N. Y.
 Mr. John Wickersham, So. Ozone, N. Y.

May They Rest in Peace



Dr. A. K. Sanjal persuades village leaders to have everyone vaccinated.

(WHO Photo)

India And The Awakening East

India and the Awakening East
by Eleanore Roosevelt, 237 pps.

Harper & Bros., N. Y. \$3

Missionaries who speak from years of experience in India are amazed at the wealth of factual material and the excellent analysis of the present Asian crisis expressed by Mrs. Roosevelt in *India and the Awakening East*. Although in India for a very short time, Mrs. Roosevelt was able, due to her position in UNESCO and her semi-official role as U. S. Ambassador, to consult with the most informed minds of India regarding the pressing problems confronting this nation and she has formed penetrating and challenging conclusions which strike at the very root of their strivings for progress.

Mrs. Roosevelt is convinced that

India is trying to develop a democracy which will ensure personal freedom for all, but she is just as firmly convinced that if there is to be an accompanying material progress, essential for the success of the government, "considerable education and re-education of the people will be necessary."

For centuries the Hindu religion has made the poverty of India's millions more bearable by teaching the worthlessness of material possessions, the virtue of voluntary renunciation, and the acceptance of their miserable lot in life as a result of their previous misdeeds, while holding out to them the promise of a better status in the next life.

The appeal renunciation has for the Indian people was borne out by

Dr. Katju, the Cabinet minister who told Mrs. Roosevelt, "If I were to give up my position in the Cabinet and give up everything I have made in my life and sit with a begging bowl . . . I would have one hundred times more influence with the people than I have today."

"A belief in the virtue of renunciation," continues Mrs. Roosevelt, "is not an incentive to hard work for material gain; but only hard work by all the people is going to bring any real betterment of their living conditions. Somehow a spiritual incentive, a substitute for renunciation, will have to be found."

America and the West can furnish and actually are furnishing technical aids which will bring about material progress, but it is up to the leaders of India to judge what spiritual incentives are necessary to make the people struggle to obtain material satisfaction.

As Mrs. Roosevelt says, our material wealth is almost a by-product of our spiritual and democratic ideals and a result of our philosophy of work. As Westerners we work to attain material success for ourselves and our country because God "did not intend people to die almost before they had lived; and

did intend them to live and contribute to the general well-being of their world and to the development of their country."

The crux of the matter is that while these considerations are a sufficient moral and spiritual spur for us, "Would they be enough to make the Indian people work?" Mrs. Roosevelt's opinion is that with their Hindu culture something different will be required, that Hinduism does not possess the spark which will give impetus to the modern struggle of a highly technologically developed state.

"Somehow they must be brought to realize that our desire for material success is coupled with spiritual motivations as well, and they must understand what these motivations are. This may mean that we shall first have to clarify them for ourselves."

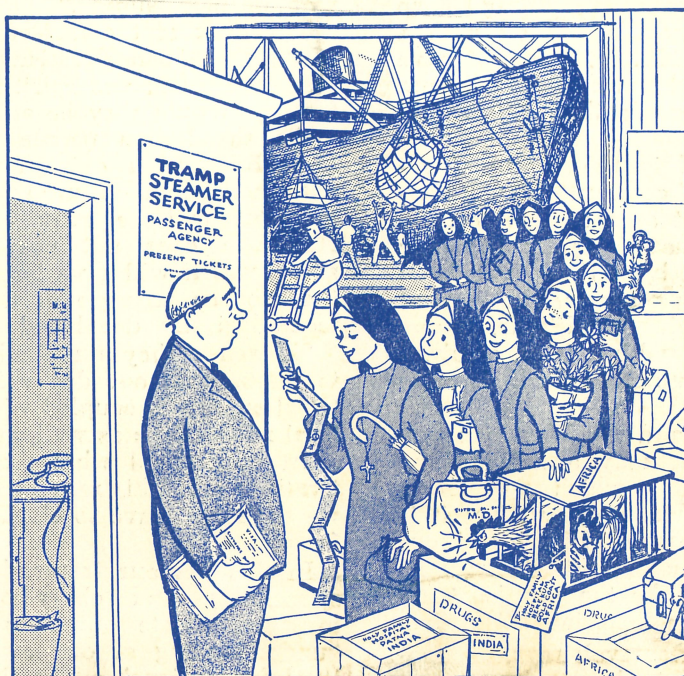
In this lies our tremendous responsibility and obligation. We must rededicate ourselves to an "understanding of our own spiritual foundations" and a living of Christianity in such a manner that the people of India will see that our lives are not only based on fundamental religious beliefs, but that our actions are in conformity with these beliefs.

—Sr. M. Janet, S.C.M.M.

Hindu Logic might be compared to our modern mathematics or symbolic logic. Modern Logic is the logic of indeterminateness. Propositions are so widened and definitions so broadened, as to escape completely the alternatives of true or false. That is why Hinduism is very willing to accept Christ as long as He is put in the Pantheon with the 365 million other deities. After comparing these two logics, it would also be helpful to indicate why Aristotelian Logic will perhaps always remain the logic of the Church even in foreign lands, because Aristotelian Logic leads to decision and, therefore, to action. It elicits decision because it gives the alternatives of true or false. Hinduism with its indeterminateness makes for indecision. Possibly that is why the Eastern world which has not been as dedicated to Absolute Truth as the Western world, has also made less material progress. Whitehead, it will be recalled, argued that experimental science could have arisen only in the Western world, which in turn has been perfected by Christian discipline and by exactness of Grecian Logic. Aristotelian Logic will never be outmoded in the Missions, because men will have to act and the infinite choice of a Hindu Logic makes for indecision. Most Rev. Fulton J. Sheen, *WORLD MISSION*, Summer, 1953

Mrs. Edward Froehlich
339 Southmont Blvd.
Johnstown, Pa.

10-56



Isn't It Cheaper By The Dozen?

We wish it were . . . because 30 Medical Mission Sisters are embarking in 1953 for our mission hospitals throughout the world. 30 Sisters are prepared to go! But 30 tickets even by tramp steamer amount to the staggering sum of \$15,000. The training of these Sisters was accomplished through your generosity. Their mission work . . . the fruit of these sacrifices . . . is awaiting them. **WON'T** you **HELP** them on their way?

Dear Mother Dengel:

Here is my donation to reduce the cost of the Sisters' journey.

\$ _____

Name _____

Address _____

City _____ Zone _____ State _____